

Work Order ID 97830

97830

Page 1

February-28-13 9:25:52 AM

Item ID: D3688-5 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Stud

Start Date: 2/28/13 Start Qty: 24.00 *24* Cust Item ID:
 Required Date: 2/28/13 Req'd Qty: 24.00 *24* Customer:

Reference: rework/w/o's mixed up

Approvals: Process Plan: [Signature] Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3688	Rev D								

200 QC5- Inspect part completeness to step on W/O 0.00

200

QC

Quality Control

Memo

PULL FROM W/O'S:
 6 X D3688-5 B81746
 10 X D3688-5 B96692
 8 X D3688-5 B82377

INSPECT FROM LAST STEP ON EACH OF THE ABOVE W/O'S (PARTS
 AND W/O'S WERE MIXED UP)

210 Identify as per dwg & Stock Location 8224 0.00

210

Packaging

Packaging

Memo

ATTN:
 HAVE ALL DEVIATIONS
 (W/O CHANGE/NCR) SIGNED OFF PRIOR TO STOCKING

ID & STOCK

DAS
 16
 9-8

13/3/6

cats
 (x24)

24x

SP
 13-3-8

Work Order ID 97830

97830

Page 2

February-28-13 9:25:52 AM

Item ID: D3688-5 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Stud
 Start Date: 2/28/13 Start Qty: 24.00 ***24*** Cust Item ID:
 Required Date: 2/28/13 Req'd Qty: 24.00 ***24*** Customer:
 Reference: rework/w/o's mixed up

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

MLJ 13-03-1L
 13-03-8

Picklist Print

February-28-13 9:25:51 AM

Page 1

Work Order ID: 97830

Parent Item: D3688-5

Parent Item Name: Stud

Start Date: 2/28/13

Required Date: 2/28/13

Start Qty: 24.00

Required Qty: 24.00

Comments: Rev:A New Issue 08-01-29 JLM Verified By:EC
IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
IPP Rev:C Added note on Step 2 09-01-26 JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3688-5 Stud		Manufactured	No				Each	0.0000		24			

10 x 96692
6 x 81746
8 x 82377

Work Order ID 96692

January-31-13 8:49:21 AM

96692

Page 1

Item ID: D3688-5

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Stud

Start Date: 1/31/13 Start Qty: 10.00 ***10***

Cust Item ID:

Required Date: 2/21/13 Req'd Qty: 10.00 ***10***

Customer:

Reference:

Approvals: Process Plan: MLS Date: 13-01-31 Tooling:

Run Start ***NR1***

QC: Date: SPC (Y/N):

Date:

Stop ***NR2***

Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3688	Rev D								
100	BANDSAW	0.00							
100									
Bandsaw									
Jcaspa Bandsaw	Memo ***DO NOT USE CHOP SAW***	0.00		13-2-16		10	0		DA 13 89
	Cut blank 12.020" long								
110	DOOSAN LATHE	0.00							
110									
Doosan									
Doosan Lathe	Memo 1-Turn as per Folio FA719 Rev: <u>U/A</u> & Dwg D3688 Rev: <u>A</u> 2-Deburr per dwg D3688 3-Check .625" bore with DT9530 GO/NO GO Gauge	0.00		13-2-16		10	0		DA 13 89
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC									
Quality Control	Memo	0.00		13-2-16		10	0		DA 13 89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ _____
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Work Order ID 96692

January-31-13 8:49:22 AM

96692

Page 2

Item ID: D3688-5

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Stud

Start Date: 1/31/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 2/21/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

QC8- Inspect parts - second check

0.00

2A 13.2.20

16 1

170

QC

Memo

0.00

Quality Control

100% CHECK,CHECK ALL DIMENSIONS AND THREAD FIT

180

0.00

180

Purchasing

PURCHASING

Memo

0.00

Purchasing

Issue P/O:

19183

LPI Per ASTM 1417 LEVEL

2Certificate of conformaty is required

CA 13/02/26 (10)

190

Receive & Inspect for Damage & Mat'l Certs

0.00

190

Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

OK

SD 13-2-26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ _____
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Work Order ID 96692

January-31-13 8:49:22 AM

96692

Page 3

Item ID: D3688-5

Revision ID:

Item Name: Stud

Start Date: 1/31/13

Start Qty: 10.00

10

Required Date: 2/21/13

Req'd Qty: 10.00

10

Reference:

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
200 *200* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00							
210 *210* Packaging Packaging	Identify as per dwg & Stock Location: Memo ATTN: HAVE ALL DEVIATIONS (W/O CHANGE/NCR) SIGNED OFF PRIOR TO STOCKING	0.00 0.00							
220 *220* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							

See w/o 7830

W130220

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

January*31-13 8:49:25 AM

Page 1

Work Order ID: 96692

96692

Parent Item: D3688-5

D3688-5

Parent Item Name: Stud

Start Date: 1/31/13

Required Date: 2/21/13

Start Qty: 10.00

Required Qty: 10.00

Comments:

Rev:A New Issue 08-01-29 JLM Verified By:EC

IPP Rev:B Material Change 09-01-07 JLM Verified By:EC

IPP Rev:C Added note on Step 2 09-01-26 JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M174PH-H900R1.000

Purchased

No

100

f

123.6530

1.087

11.44211

M174PH-H900R1 000

17-4SS H900 ROUND BAR 1.00

**

13-2-16

DA
13
89

Location

Loc Qty

Loc Code

MAT030

123.653

117445

2.46

120767

15

121280

9.534

121918

12.326

122577

48.333

123446

36

121280 x 1

120767 x 1

123446 x 2

122577 x 6

1 foot
1 foot
6 ft
2 ft

Total 10 ft

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

DART AEROSPACE LTD		Work Order:	96692
Description: Stud		Part Number:	D3688-5
Inspection Dwg: D3688	Rev: <i>CDA</i>	Page 1 of 1	

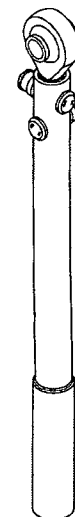
FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.695	+/-0.010	.692	/		SD-4	Uo14
0.625	+0.004/-0.000	.625	/			
1.25	+0.000/-0.03	1.235	/			
118°	0.5°	118°	/			
R0.03	+/-0.030	R.03	/			
0.11 (Ref)	+/-0.030	.11	/			
90°	0.5°	90°	/			
Ø0.189	+0.005/-0.001	.216	/			
1.31	+/-0.030	.31	/			
1.65	+/-0.030	1.63	/			
0.870	+0.000/-0.010	.866	/			
Ø0.659	+0.000/-0.015	.651	/			
11.920	+/-0.015	11.925	/			
2.90	+/-0.030	2.885	/			
3/4-16UNF-2A	N/A		/			
0.075 x 45°	+/-0.010 x 0.5°	0.75 x 45°	/			
0.370	+0.000/-0.010	.366	/			
Ø0.189	+0.005/-0.001	.216	/			
R0.25	+/-0.030	R.25	/		R.G	
R0.50	+/-0.030	R.50	/		R.G	
0.20	+/-0.030	.22	/			

Measured by: <i>DAS</i>	Audited by: <i>Re</i>	Preliminary Approval:
Date: 13-2-16	Date: 13-2-20	Date:

Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	
B	09.11.04	Dwg Rev updated	KJ	
C	11.10.13	Dimension 0.20 added	KJ	<i>[Signature]</i>

ITEM	QTY -047	P/N	DESCRIPTION
1	X	D3688-047	STUD ASSEMBLY
2	1	D3688-7	STUD
3	2	HL32PB8-11	HI-LOK PIN
4	2	HL86-8	HI-LOK COLLAR
5	1	D3693-3	ROD END BEARING



D3693-3 ROD END BEARING

HL32PB8-11 HI-LOK PIN
HL86-8 HI-LOK COLLAR
2PL

D3688-7 STUD

SH 27-1
RE TURNED
ENGINE
UNCONTROLLED
SUBJECT
WORK

NO 96692MLJ
13-01-31

RELEASED
2013-01-22

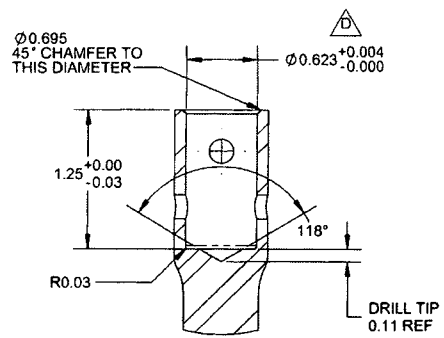
D3688-047 STUD ASSEMBLY

NOTES:

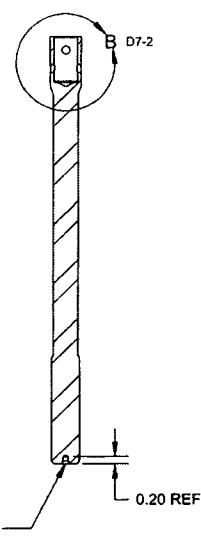
- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART ASSEMBLY P/N D3688-047 PER DART QSI 044 6.6 (REMOVABLE TAG AND POLY BAG)
- 7) WEIGHT: 1.03 lbs
- 8) ALIGN THE PILOT HOLES IN D3693-3 WITH PILOT HOLES IN D3688-7. DRILL OUT EACH HOLE USING A P/N 13-420 PILOTED DRILL (0.2314 DIA./0.2158 PILOT). REAM EACH HOLE USING A P/N 44-300 STEP REAMER (0.247 DIA./0.2314 PILOT). CLEAN AND DEBURR ALL HOLES PRIOR TO ASSEMBLY.
- 9) ASSEMBLE D3693-3 WITH D3688-7 USING HYSOL EA934NA OR MAGNOBOND 6398 ADHESIVE BETWEEN MATING SURFACES.

D	ADD D3688-047 STUD ASSY: Ø0.216 PILOT HOLE WAS Ø0.189 (ZN D2-2, D4-2, D2-3, D3-3, D2-4, D4-4, D2-5, D3-5); 0.623 WAS 0.625 (ZN D7-2, D7-3, D7-4). RE-FORMAT NOTES SECTION AS PER QSI 043 (ZN A8-1); REF NCR12-2074	DB	12.12.05
C	0.20 WAS 0.16 (ZN B5-1, B5-2, B6-3, B5-4); CENTER DRILL #4 WAS CENTER DRILL #2 (ZN B5-1, B5-2, B6-3, B5-4); UPDATE NOTE 8 TO REF QSI (ZN A8-1, A8-2, A8-3, A8-4)	RF	09.09.09
B	CHANGE TO 17-4PH H-900 (ZN A8-1, A8-2, A8-3, A4-4); REDUCE LENGTH ON D3688-7 FROM 12.073 TO 11.573 (ZN C3-1) BASED ON PROTOTYPE INSTALL; Ø0.695 WAS Ø0.695 (ZN D8-1, D8-2, D8-3); Ø0.508 WAS Ø0.478 (ZN D8-4); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.05.22
REV.	DESCRIPTION	BY	DATE
DESIGN	DB	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3688	SHEET 1 OF 5
APPROVED		TITLE	SCALE
DE APPR.		STUD	NTS
DATE	12.12.05	COPYRIGHT © 2005 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

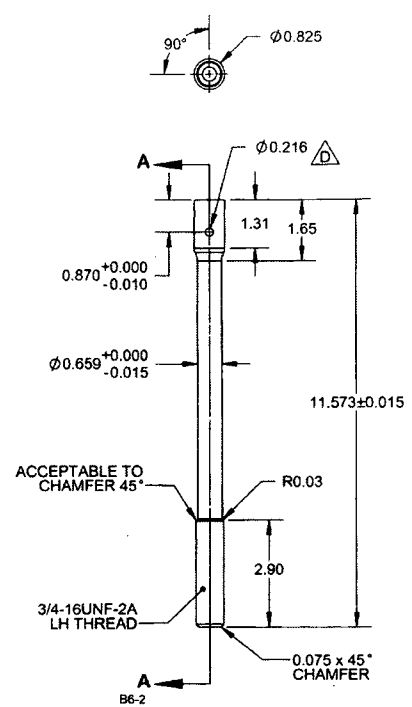
96692



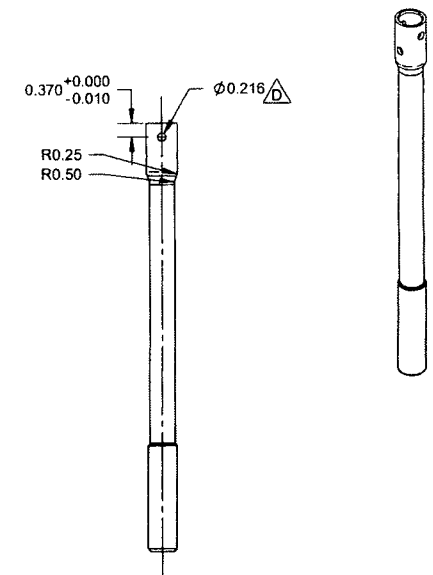
DETAIL B D6-2
SCALE 3X



SECTION A-A
B4-2



D3688-1 STUD



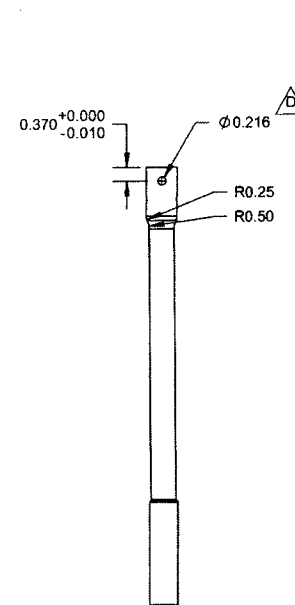
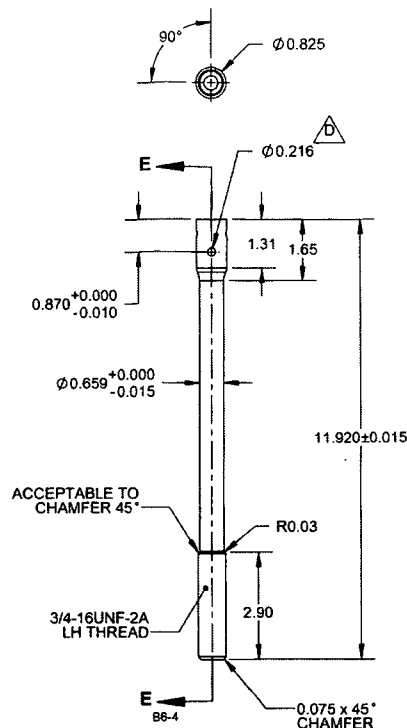
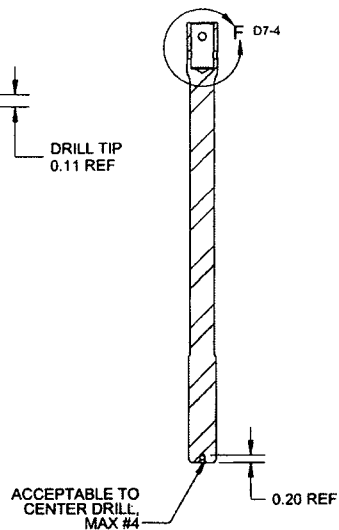
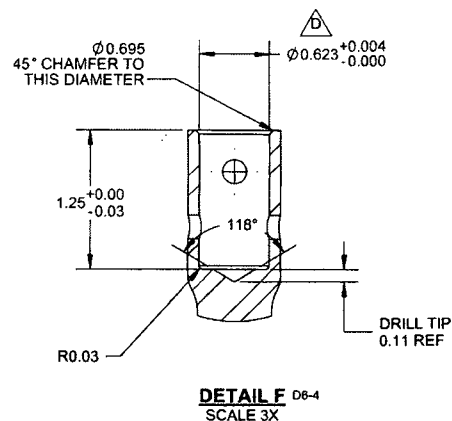
- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 1.24 lb
 - 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

RELEASED
2013-01-22

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	MB	DRAWING NO. D3688	REV. D
MFG. APPR.	JLM	SHEET 2 OF 5	
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	STUD	NTS
DATE	12.12.05	<small>COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



DESIGN	RF	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3688	SHEET 3 OF 5
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	STUD	NTS
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD. THIS DOCUMENT IS PRINTED AND REPRODUCED AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD.	

96092

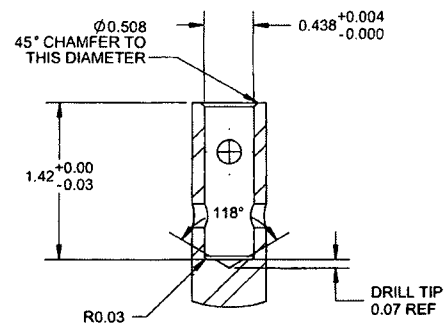


NOTES:

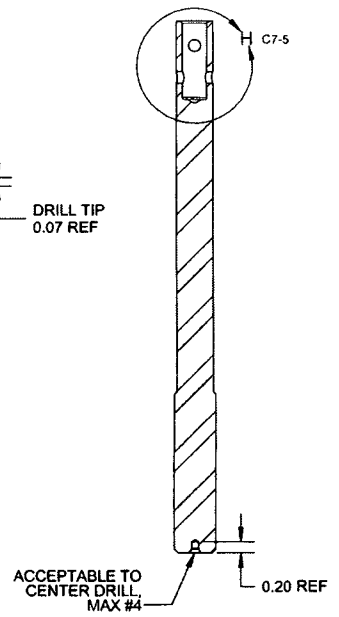
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.22 lb
- 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3688	SHEET 4 OF 5
APPROVED		TITLE	SCALE
DE APPR.		STUD	NTS
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD	
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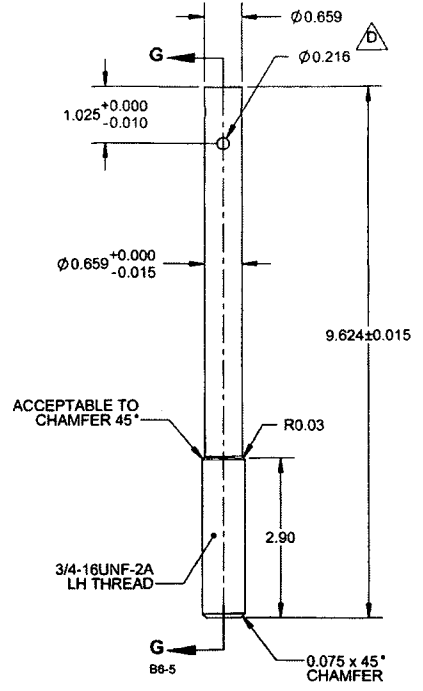
96692



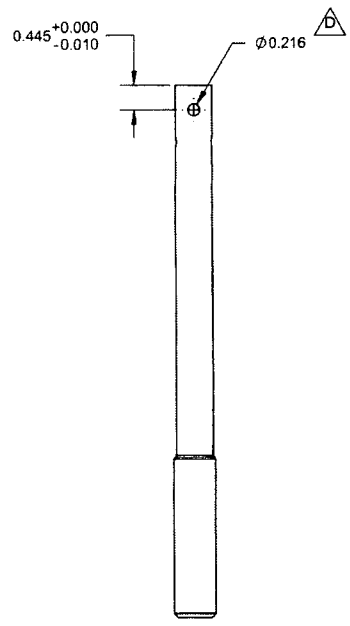
DETAIL H D8-5
SCALE 2X



SECTION G-G B4-5



D3688-7 STUD



- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 0.96 lb
 - 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3688	SHEET 5 OF 5
APPROVED		TITLE	SCALE
DE APPR.		STUD	NTS
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

RELEASED
2013-01-22



LIQUID PENETRANT TEST REPORT

P- 12697

PAGE 1 OF 1

CLIENT	DART AEROSPACE	DATE	FEB 26 - 2013	TIME	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
ATTENTION	MAT/ANDY	ACUREN JOB No.	108 - 13 - 0045		
ADDRESS	1270 ABERDEEN, HAWKESBURY, ON	POWOW No.			
		WORK LOCATION	HAWKESBURY -		
		ACCEPTANCE STD	ASTM 1417/QSI-038	REV./DATE	2005
PROJECT	FPI ON CROSSTUBES				
ITEM(S) EXAMINED	(8)		(24)		

JOB DESCRIPTION	PROCEDURE No. LT-XXXX	REV./DATE	TECHNIQUE No. LT-XXXX-XXX	REV./DATE
PART NO.	SEE RESULTS		MATERIAL	STAINLESS STEEL - THICKNESS VARIOUS
SCOPE	A WET FLOUORESCENT LIQUID DYE PENETRANT (ALUMINUM) WAS COMPLETED 100% ON THE SURFACE ONLY.			

TEST DETAILS	
METHOD	<input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE
FAMILY BRAND	MAGNAFLUX
PENETRANT	2-LOZ MINIMUM DWELL TIME 450 MIN.
PENETRANT REMOVER	H2O MINIMUM DRY TIME >10 MIN.
DEVELOPER	SAD52 MINIMUM DWELL TIME 10 MIN.
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON-AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY
	<input checked="" type="checkbox"/> WATER WASH <input type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED
	BLACK LIGHT S/N 1609 <input type="checkbox"/> OUTPUT > 1000 μ W/CM ² <input type="checkbox"/> AMBIENT < 2 fc
	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
	OTHER LABINO
	LIGHT METER S/N 10988 606 CAL DUE DATE

TEST SURFACE	
SURFACE CONDITION	<input type="checkbox"/> AS-GROUND <input type="checkbox"/> AS WELDED <input checked="" type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/20°F <input type="checkbox"/> -4°C/20°F TO 10°C/50°F <input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F

RESULTS-		(<input checked="" type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL)			
ITEM		COMMENTS	ACCEPT	REJECT	
	CROSSTUBES	W.O.#			
1		96690	✓		
1	"	96691	✓		
1	"	96875	✓		
1	"	96876	✓		
1	"	97422	✓		
1	"	96723	✓		
1	"	91859	✓		
1	"	90046	✓		
10	STUD	W.O.#			
6	"	86692	✓		
8	"	81746	✓		
8	"	82377	✓		

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES	
CLIENT REPRESENTATIVE	Steve Paquette
TECHNICIAN (SIGNATURE):	Mike Johnston
NAME (PRINT):	1 ST TECHNICIAN
	2 ND TECHNICIAN
CGSB LEVEL	SNT LEVEL
CGSB REG. NO.	CGSB REG. NO.
	DTR # E63752
	REPORT REVIEWED BY:
	NAME INITIALS

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY

Work Order ID: 81746

81746

Page 1

March-16-12 3:19:40 PM

Item ID: D3688-5

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: STUD

Start Date: 16/03/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 23/04/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: HCS

Date: 12/03/19

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D3688

Rev C / D

100

0.00

100

BAND SAW

Band saw

Memo

0.00

Jeaspa Bandsaw

DO NOT USE CHOP SAW

Cut blank 12.020" long

S 1256/110

110

0.00

110

DOOSAN LATHE

Doosan

Memo

0.00

Doosan Lathe

1-Turn as per Folio FA719 Rev: _____ & Dwg D3688 Rev: _____ 2-Deburr
per dwg D3688
3-Check .625" bore with DT9530 GO/NO GO Gauge

13-2-16

120

0.00

120

QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

13-2-16

6 φ

6 φ

DA 13 89

6 φ

DA 13 89

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 81746

81746

Page 2

March-16-12 3:19:40 PM

Item ID: D3688-5 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: STUD
 Start Date: 16/03/2012 Start Qty: 6.00 ***6*** Cust Item ID:
 Required Date: 23/04/2012 Req'd Qty: 6.00 ***6*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

170	QC8- Inspect parts - second check	0.00							
170									
QC	Memo	0.00							
Quality Control	100% CHECK,CHECK ALL DIMENSIONS AND THREAD FIT								

180	PURCHASING	0.00							
180									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>19183</u> LPI Per ASTM 1417 LEVEL								
	2Certificate of conformaty is required								

190	Receive & Inspect for Damage & Mat'l Certs	0.00							
190									
Packaging	Memo	0.00							
Packaging	Ensure certificate of conformity is attached								

Handwritten notes:
 B-2-26
 13/02/26 (6)
 13-2-26

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 81746

81746

Page 3

March-16-12 3:19:40 PM

Item ID: D3688-5 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: STUD
 Start Date: 16/03/2012 Start Qty: 6.00 *6* Cust Item ID:
 Required Date: 23/04/2012 Req'd Qty: 6.00 *6* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
200 *2000* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00							
210 *210* Packaging Packaging	Identify as per dwg & Stock Location: _____ Memo	0.00 0.00							
220 *220* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							

Self
w/o 97836

U 130228

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

March-16-12 3:19:44 PM

Page 1

Work Order ID: 81746

81746

Parent Item: D3688-5

D3688-5

Parent Item Name: STUD

Start Date: 16/03/2012

Required Date: 23/04/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: Rev:A New Issue 08-01-29 JLM Veriified By:EC
IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
IPP Rev:C Added note on Step 2 09-01-26 JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M174PH-H900R1.000

Purchased

No

100

f

45.2000

1.087

6.865263

M174PH-H900R1 000

**

126110

17-4SS H900 ROUND BAR 1.00

Location

Loc Qty

Loc Code

MAT030

45.2

117445

21.2

120767

24

121280

121918

1 Root
3.5 ft

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:	81746
Description: Stud		Part Number:	D3688-5
Inspection Dwg: D3688	Rev: <i>C</i>	Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.695	+/-0.010	0.690	/		SA-4	U/L
0.625	+0.004/-0.000	0.625	/			
1.25	+0.000/-0.03	1.235	/			
118°	0.5°	118°	/			
R0.03	+/-0.030	R.03	/			
0.11 (Ref)	+/-0.030	.11	/			
90°	0.5°	90°	/			
Ø0.189	+0.005/-0.001	.216	/			
1.31	+/-0.030	1.325	/			
1.65	+/-0.030	1.65	/			
0.870	+0.000/-0.010	.867	/			
Ø0.659	+0.000/-0.015	.650	/		SA-5 P.I.C	
11.920	+/-0.015	11.921	/		SA-5 U/L 12"	
2.90	+/-0.030	2.890	/			
3/4-16UNF-2A	N/A		/			
0.075 x 45°	+/-0.010 x 0.5°	0.075 x 45°	/			
0.370	+0.000/-0.010	.367	/			
Ø0.189	+0.005/-0.001	.216	/			
R0.25	+/-0.030	R.25	/		R.G	
R0.50	+/-0.030	R.50	/		R.G.	
0.20	+/-0.030	.225	/		R.G.	

Measured by: <i>EL</i>	Audited by: <i>20</i>	Preliminary Approval:
Date: 13-2-16	Date: 13-2-20	Date:

Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	
B	09.11.04	Dwg Rev updated	KJ	
C	11.10.13	Dimension 0.20 added	KJ	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

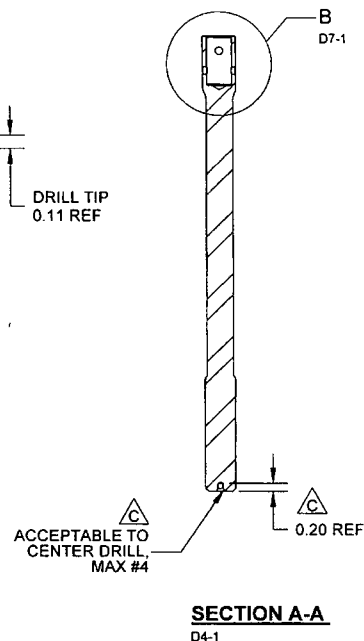


WITHOUT NOTICE
WORK ORDER

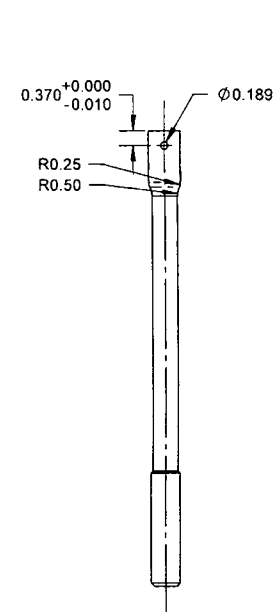
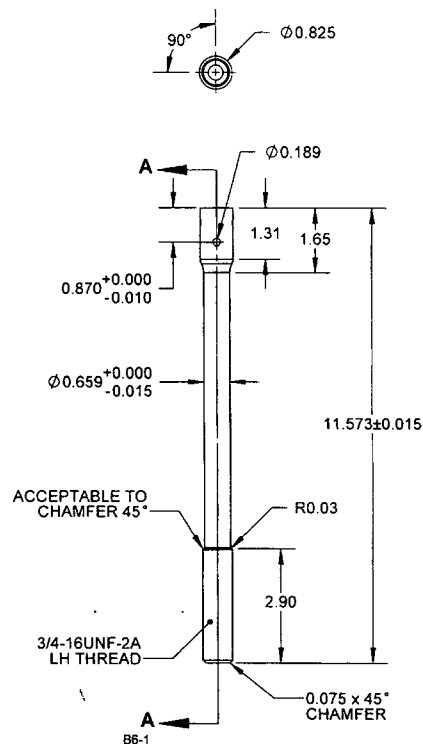
12/03/19

NOTES:

- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.24 lb
- 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)



D3688-1 STUD



RELEASE
2009-08-22

C	0.20 WAS 0.16 (ZN B5-1, B5-2, B6-3, B5-4); CENTER DRILL #4 WAS CENTER DRILL #2 (ZN B6-1, B6-2, B6-3, B6-4) UPDATE NOTE 8 TO REF QSI (ZN A8-1, A8-2, A8-3, A8-4)	RF	09.09.09
B	CHANGE TO 17-4PH H-900 (ZN A8-1, A8-2, A8-3, A4-4). REDUCE LENGTH ON D3688-1 FROM 12.073 TO 11.573 (ZN C3-1) BASED ON PROTOTYPE INSLL.; Ø 0.695 WAS Ø 0.665 (ZN D8-1, D8-2, D8-3). Ø 0.508 WAS Ø 0.478 (ZN D8-4); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.05.22
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>g</i>	DRAWING NO.	REV. 0
MFG. APPR.	<i>g</i>	D3688	SHEET 1 OF 1
APPROVED	<i>g</i>	TITLE	SCALE
DE APPR.	<i>g</i>	STUD	NTS
DATE	09.09.09	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR FOR COPIES OR COMMUNICATION TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE LTD	

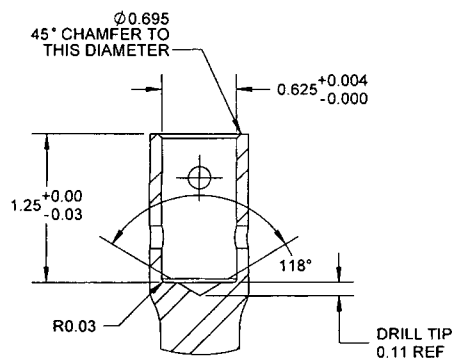
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

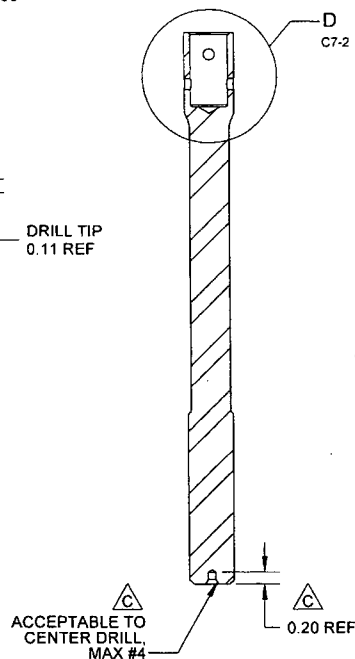
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

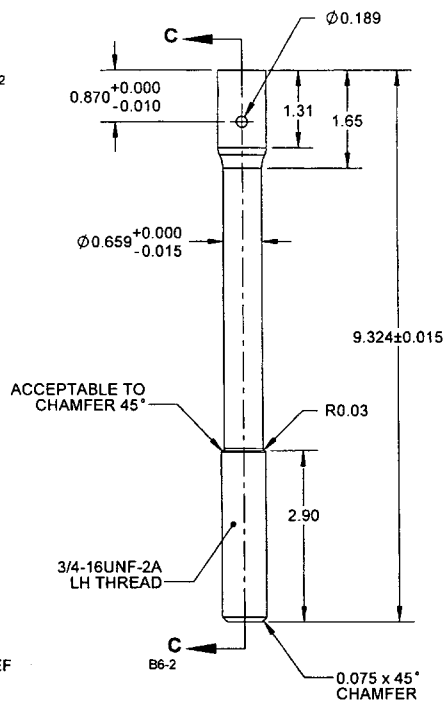
NOTE: Date & initial all entries



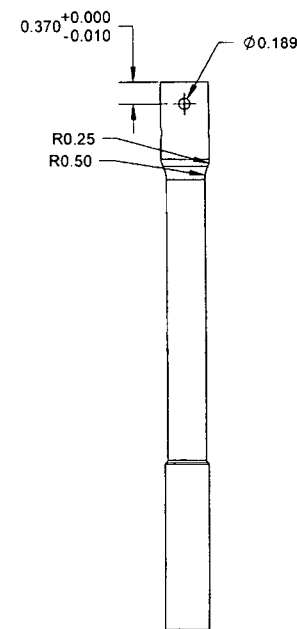
DETAIL D
SCALE 2X
D6-2



SECTION C-C
D4-2



D3688-3 STUD



RELEASED
2009-09-22

NOTES:

- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.97 lb
- 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. C
MFG. APPR.	RF	D3688	SHEET 2 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	STUD	NTS
DATE	09.09.09	COPYRIGHT © 2008 BY DART AEROSPACE LTD	
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 12697

PAGE 1 OF 1

CLIENT
ATTENTION
ADDRESSDAIT AEROSPACE
MAT/ANDY
1270 ABERDEEN, HAWKESBURY, ON

DATE

FEB 26 - 2013

TIME AM ☒ PM ☐

ACUREN JOB NO.

108 - 13 - C0045

PO/NO.

WORK LOCATION

HAWKESBURY -

ACCEPTANCE STD

ASTM 1417/QSI-038

REV./DATE

2005

PROJECT
ITEM(S) EXAMINED

FPI ON CROSS TUBES

E MACHINED STUDS

JOB DESCRIPTION

PROCEDURE NO. LT-XXXX REV./DATE

TECHNIQUE NO. LT-XXXX-XXX REV./DATE

PART NO.

SEE RESULTS

MATERIAL

STAINLESS STEEL + THICKNESS VARIOUS

SCOPE

A WET FLUORESCENT LIQUID DYE PENETRANT (ALUMINUM)
WAS COMPLETED 100% ON THE SURFACE ONLY.

TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	MAGNAFLUX		BLACK LIGHT S/N 16409	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/> AMBIENT < 2 fc
PENETRANT	2-LO7	MINIMUM DWELL TIME 45 MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE	
PENETRANT REMOVER	H ₂ O	MINIMUM DRY TIME > 10 MIN.	OTHER LABINO		
DEVELOPER	SKD 52	MINIMUM DWELL TIME 10 MIN.	LIGHT METER S/N 10988 66	CAL DUE DATE	
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON-AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		

TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/20°F	<input type="checkbox"/> -4°C/20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

RESULTS-

☒ METRIC ☐ IMPERIAL

ITEM	COMMENTS	ACCEPT	REJECT
1	CROSS TUBES W.O.#		
1	"	96680	✓
1	"	96681	✓
1	"	90875	✓
1	"	90876	✓
1	"	97422	✓
1	"	96723	✓
1	"	91854	✓
1	"	90046	✓
10	STUD W.O.#	86682	✓
6	"	81746	✓
8	"	82377	✓

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE

Steve Pagnette

PRINT

[Signature]

SIGNATURE

DTR # E63752

TECHNICIAN (SIGNATURE):

Mike Johnston

1st TECHNICIAN2nd TECHNICIAN

NAME (PRINT):

CGSB LEVEL ☒ SNT LEVELCGSB LEVEL ☐ SNT LEVEL

CGSB REG. NO. 6606

CGSB REG. NO.

REPORT

REVIEWED BY:

NAME

INITIALS

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY

Work Order ID-82377

82377

Page 1

March-30-12 7:43:36 AM

Item ID: D3688-5

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: STUD

Start Date: 29/03/2012 Start Qty: 8.00

8

Cust Item ID:

Required Date: 12/04/2012 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan: WLS Date: 12/03/30 Tooling:

Date:

Run Start

NR1

QC: Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D3688

Rev C

100

0.00

100

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

DO NOT USE CHOP SAW

Cut blank 12.020" long

110

0.00

110

DOOSAN LATHE

Doosan

Memo

0.00

Doosan Lathe

1-Turn as per Folio FA719 Rev: _____ & Dwg. D3688 Rev: _____ 2-Deburr
 per dwg D3688
 3-Check .625" bore with DT9530 GO/NO GO Gauge

120

0.00

120

QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 82377

March-30-12 7:43:36 AM

82377

Page 2

Item ID: D3688-5

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: STUD

Stop ***NS2***

Start Date: 29/03/2012 Start Qty: 8.00

8

Cust Item ID:

Required Date: 12/04/2012 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

170

QC8- Inspect parts - second check

0.00

170

QC

Memo

0.00

Quality Control

100% CHECK,CHECK ALL DIMENSIONS AND THREAD FIT

B-2-20 8 8

180

PURCHASING

0.00

180

Purchasing

Memo

0.00

Purchasing

Issue P/O: LPI Per ASTM 1417 LEVEL

2Certificate of conformaty is required

190

Receive & Inspect for Damage & Mat'l Certs

0.00

190

Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

8x SP 13-2-26

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 82377

March-30-12 7:43:36 AM

82377

Page 3

Item ID: D3688-5

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: STUD

Stop ***NS2***

Start Date: 29/03/2012 Start Qty: 8.00

8

Cust Item ID:

Required Date: 12/04/2012 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

200

QC5- Inspect part completeness to step on W/O

0.00

200

QC

Memo

0.00

Quality Control

210

Identify as per dwg & Stock Location: _____

0.00

210

Packaging

Memo

0.00

Packaging

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Memo

0.00

Quality Control

*see w/o 97830**w 13-0228*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

March-30-12 7:43:41 AM

Page 1

Work Order ID: 82377

82377

Parent Item: D3688-5

D3688-5

Parent Item Name: STUD

Start Date: 29/03/2012

Required Date: 12/04/2012

Start Qty: 8.00

Required Qty: 8.00

Comments:

Rev:A New Issue 08-01-29 JLM Verified By:EC
IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
IPP Rev:C Added note on Step 2 09-01-26 JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M174PH-H900R1.000

Purchased

No

100

f

12.9800

1.087

9.153684

M174PH-H900R1 000

17-4SS H900 ROUND BAR 1.00

**

SA 126/10

Location

MAT030

117445

120767

Loc Qty

12.98

1.23

11.75

Loc Code

121280

8.5 Lt

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

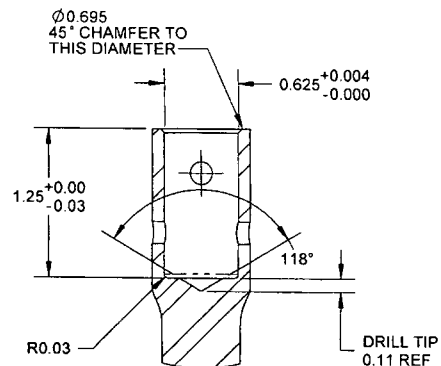
DART AEROSPACE LTD		Work Order: 82377
Description: Stud		Part Number: D3688-5
Inspection Dwg: D3688	Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.695	+/-0.010	.692	/		SA-4	Ver
0.625	+0.004/-0.000	.625	/			
1.25	+0.000/-0.03	1.235	/			
118°	0.5°	118°	/			
R0.03	+/-0.030	R0.3	/			
0.11 (Ref)	+/-0.030	.11	/			
90°	0.5°	90°	/			
Ø0.189	+0.005/-0.001	.216	/			
1.31	+/-0.030	1.31	/			
1.65	+/-0.030	1.65	/			
0.870	+0.000/-0.010	.886	/			
Ø0.659	+0.000/-0.015	.652	/			
11.920	+/-0.015	11.923	/		SA-5	12" Ver
2.90	+/-0.030	2.810	/			
3/4-16UNF-2A	N/A		/			
0.075 x 45°	+/-0.010 x 0.5°	0.075 x 45°	/			
0.370	+0.000/-0.010	.367	/			
Ø0.189	+0.005/-0.001	.216	/			
R0.25	+/-0.030	R.25	/		R.G	
R0.50	+/-0.030	R.50	/		R.G	
0.20	+/-0.030	.225	/			

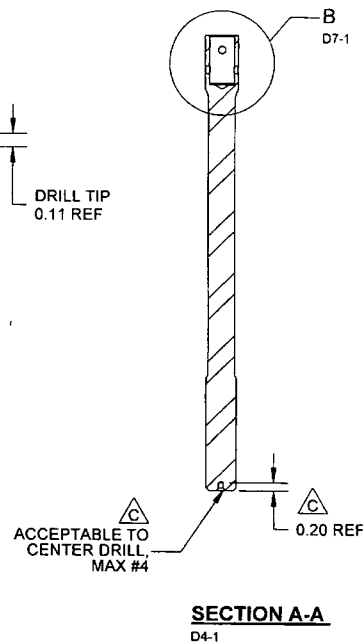
Measured by: [Signature]	Audited by: [Signature]	Preliminary Approval:
Date: 13-2-17	Date: 13-2-2	Date:

Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	
B	09.11.04	Dwg Rev updated	KJ	
C	11.10.13	Dimension 0.20 added	KJ	

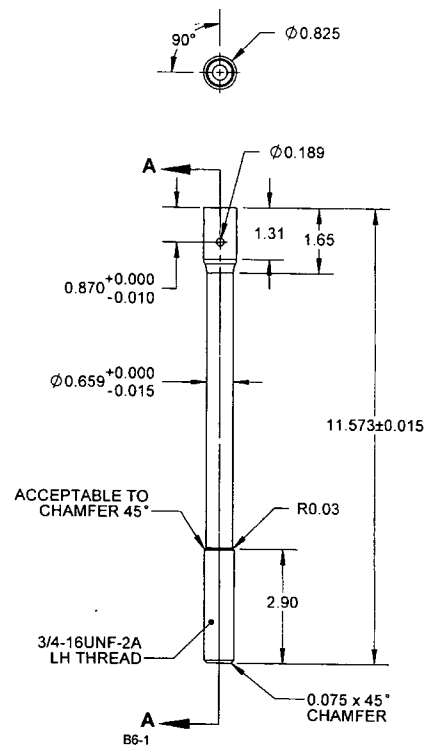


DETAIL B
SCALE 3X
D6-1

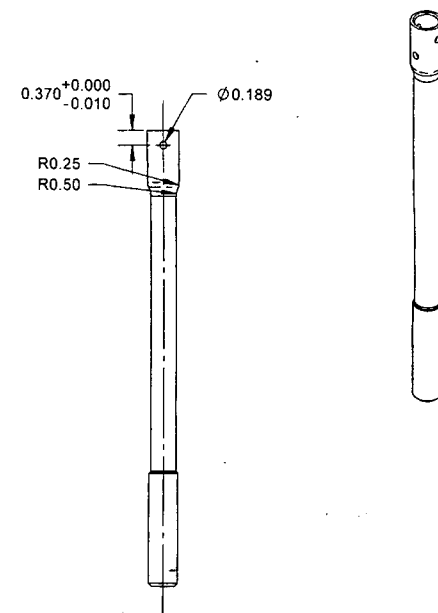
SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 82377 MLJ
12/03/30



SECTION A-A
D4-1



D3688-1 STUD



RELEASED
2009-09-22

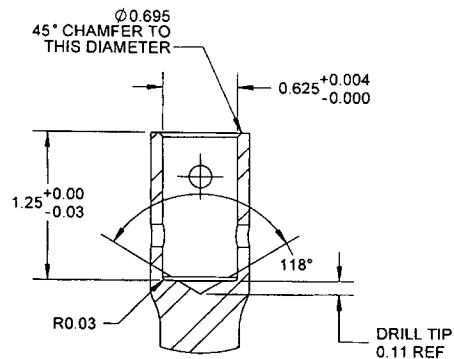
- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 1.24 lb
 - 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

C	0.20 WAS 0.16 (ZN B5-1, B5-2, B6-3, B5-4); CENTER DRILL #4 WAS CENTER DRILL #2 (ZN B6-1, B6-2, B6-3, B6-4); UPDATE NOTE 8 TO REF QSI (ZN A8-1, A8-2, A8-3, A8-4)	RF	09.09.09
B	CHANGE TO 17-4PH H-900 (ZN A8-1, A8-2, A8-3, A4-4); REDUCE LENGTH ON D3688-1 FROM 12.073 TO 11.573 (ZN C3-1) BASED ON PROTOTYPE INSTALL; Ø0.695 WAS Ø0.665 (ZN D8-1, D8-2, D8-3); Ø0.508 WAS Ø0.478 (ZN D8-4); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.05.22
REV.	DESCRIPTION	BY	DATE
DESIGN	RF		
DRAWN	RF		
CHECKED	90		
MFG. APPR.	21		
APPROVED	140		
DE APPR.	14		
DATE	09.09.09		

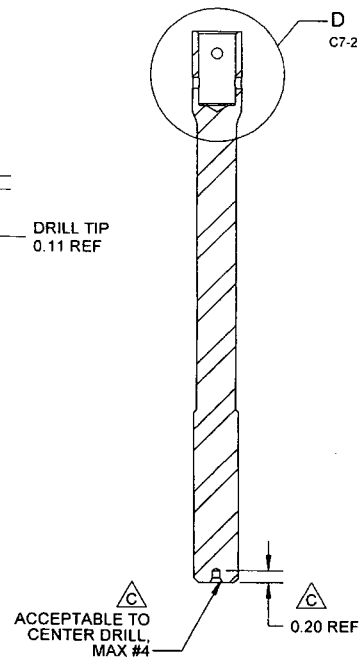
DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D3688** REV. C
SHEET 1 OF 4
TITLE **STUD** SCALE NTS

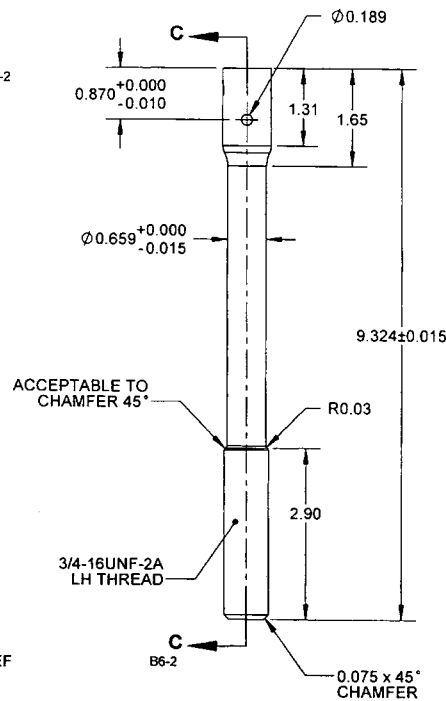
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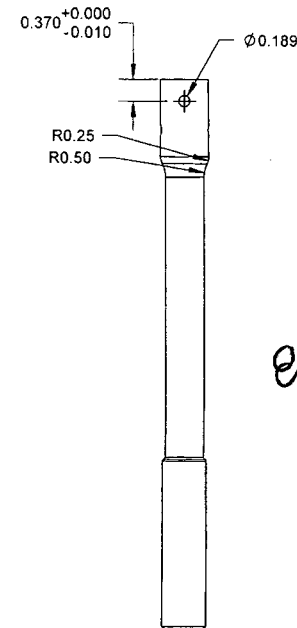
DETAIL D
SCALE 2X
D6-2



SECTION C-C
D4-2



D3688-3 STUD

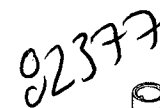
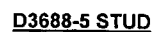


02377

RELEASED
2009-09-22
JW

- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 0.97 lb
 - 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

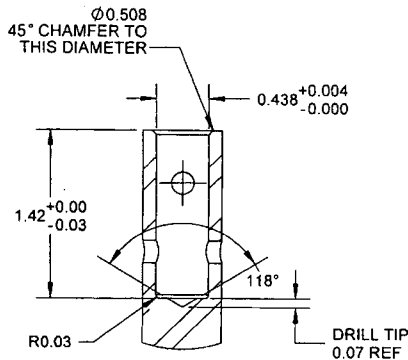
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	JP	DRAWING NO.	REV. C
MFG. APPR.	JP	D3688	SHEET 2 OF 4
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	STUD	NTS
DATE	09.09.09	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



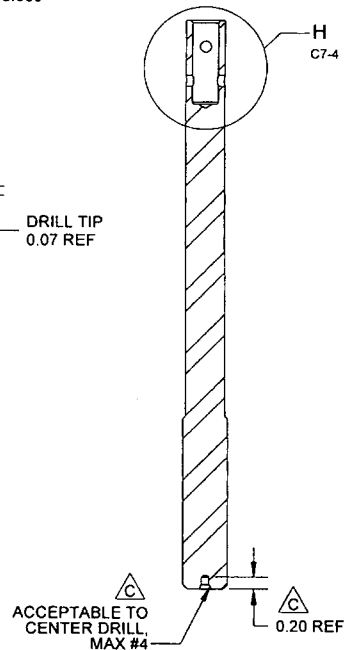
RELEASE
2009-09-22

- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.26 lb
- 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA DRAWING NO. D3688 TITLE STUD COPYRIGHT © 2008 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD.</small>	REV. C
DRAWN	RF		SHEET 3 OF 4
CHECKED	<i>g</i>		SCALE
MFG APPR.	<i>g</i>		NTS
APPROVED	<i>g</i>		
DE APPR.	<i>g</i>		
DATE	09.09.09		



DETAIL H
SCALE 2X
D6-4

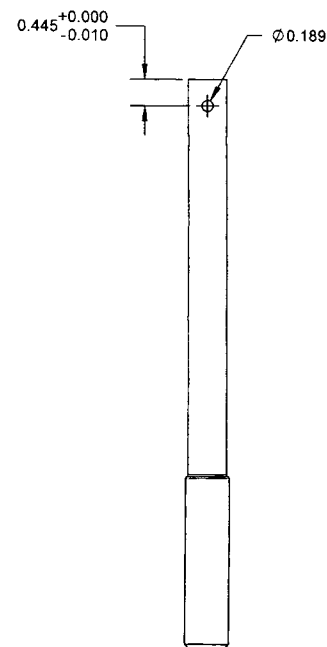
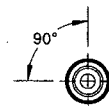


SECTION G-G
D4-4

D3688-7 STUD

NOTES:

- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.97 lb
- 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)



RELEASED
2009-09-22

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
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CHECKED	90	DRAWING NO.	REV. C
MFG. APPR.	21	D3688	SHEET 4 OF 4
APPROVED	40	TITLE	SCALE
DE APPR.	#	STUD	NTS
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LIQUID PENETRANT TEST REPORT

P- 12697

PAGE 1 OF 1

CLIENT
ATTENTION
ADDRESSDAIT AEROSPACE
MAT/ANDY
1270 ABERDEEN, HAWKESBURY, ONDATE FEB 26-2013 TIME AM ☒ PM ☐
ACUREN JOB NO. 108-13-C0045
PO/NO.PROJECT
ITEM(S) EXAMINEDFPI ON CROSS TUBES & MACHINED STUDS
(8) (24)

JOB DESCRIPTION

PROCEDURE NO. LT-XXXX REV./DATE

TECHNIQUE NO. LT-XXXX-XXX REV./DATE

PART NO. SEE RESULTS MATERIAL STAINLESS STEEL THICKNESS VARIOUS
SCOPE A WET FLOUORESCENT LIQUID DYE PENETRANT (Aluminum)
WAS COMPLETED 100% ON THE SURFACE ONLY.

TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	MAGNAFLUX		BLACK LIGHT S/N 1609	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/> AMBIENT < 2 fc
PENETRANT	2-607	MINIMUM DWELL TIME 450	MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER	H ₂ O	MINIMUM DRY TIME >10	MIN.	OTHER LABINO	
DEVELOPER	SKD52	MINIMUM DWELL TIME 10	MIN.	LIGHT METER S/N 10988 66	CAL DUE DATE
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON-AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		

TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/20°F	<input type="checkbox"/> -4°C/20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

RESULTS- (☒ METRIC ☐ IMPERIAL)

ITEM	COMMENTS	ACCEPT	REJECT
1	CROSS TUBES W.O.#		
1	"	96680	✓
1	"	96681	✓
1	"	96875	✓
1	"	96876	✓
1	"	97422	✓
1	"	96723	✓
1	"	91859	✓
1	"	90046	✓
10	STUD W.O.#	86682	✓
6	"	81746	✓
8	"	82377	✓

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE

Steve Pagnette

PRINT

SIGNATURE

DTR # E63752

TECHNICIAN (SIGNATURE):

NAME (PRINT):

1st TECHNICIAN

CGSB LEVEL II SNT LEVEL

CGSB REG. NO. 6606

2nd TECHNICIAN

CGSB LEVEL SNT LEVEL

CGSB REG. NO.

REPORT

REVIEWED BY:

NAME

INITIALS

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY